MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07345

Reg. Dist. No. 582

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Leonardtown
LENGTH OF STAY (in this place) 56 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.F.D. # 2
STREET ADDRESS (If rural, give location) Leonardtown

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Gertrude (Last) Abell

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mch 12-1872

9. AGE last birthday 79 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Zachary Taylor Mattingley

14. MOTHER'S MAIDEN NAME Eliza Thompson Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr Clyde Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senile Gangrene of foot — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

352X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia — 2½ yrs

83d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to July 13, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 7.15 A.M., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 16-51

NAME OF CEMETERY OR CREMATORY Cedar Hill cemetery

LOCATION (City, town, or county) Suitland Prince George (State) Md

DATE REC'D BY LOCAL REG. 7/13/51

REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07346

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood; LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood; STREET ADDRESS (If rural, give location) Rural R # D # 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) — (Last) Dawson

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 6-1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 3 Days 22 Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Dean H. Dawson

14. MOTHER'S MAIDEN NAME: Margaret Pereell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs John W. Dawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease 420.0	Several years
	(c) Generalized Arteriosclerosis 932	Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1940, to 7/24, 1951, that I last saw the deceased alive on 6/12, 1951, and that death occurred at 6.00 P.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Robert T. Fuchs. M.D. Leonardtown, Md. 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 27-1951 — NAME OF CEMETERY OR CREMATORY Ebenezer — LOCATION (City, town, or county) (State) California St Marys Md

DATE REC'D BY LOCAL REG. 7/25/51 — REGISTRAR'S SIGNATURE Carmelite — 24. FUNERAL DIRECTOR — ADDRESS

Jos C. Mattingly Leonardtown Md

RECEIVED
JUL 27 1951
BUREAU V. S.

07347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Maguire (Last) Drury
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 15 1901
9. AGE last birthday 50 yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Drury
14. MOTHER'S MAIDEN NAME Mary Lucey Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry Drury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemmorrhage	4 day
203X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Multiple Myeloma	5 years
55e	(c)	Brain Metastasis	6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 7.20 A.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30-1951
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 7/30/51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07348

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown; STATE MARYLAND; LENGTH OF STAY (in this place) 8 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #1; STREET ADDRESS (If rural, give location) Leonardtown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Elizabeth	Evans	July	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Sept 14 1917	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Live at home with her mother

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard Evans

14. MOTHER'S MAIDEN NAME: Annie Heard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Annie Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 6 years

0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1945, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE J Bennett (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED July 30 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31-1951	Owens Cedar	Medley Neck, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 30/51	J Bennett MD	Jos C. Mattingley	Leonardtown Md.

RECEIVED
AUG 1 1951
BUREAU V. S.

Items 8 & 9. See Film G135 8/8/51 JT

06273

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C.
STREET ADDRESS (If rural, give location) 2903 King Place N.E.

3. NAME OF DECEASED (Type or Print) (First) Lynda (Middle) Jane (Last) Fowler
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mch 8 1923 Mch 11-1929
9. AGE last birthday 21 28 yrs. If under 1 year Months 4 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Typist
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lynford Haynes
14. MOTHER'S MAIDEN NAME Della, Tupper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William Saxton Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Accidental drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St Jerome's Creek (CITY OR TOWN) Near Dameron (COUNTY) St Mary (STATE) Md
TIME OF INJURY (Month) July (Day) 22, (Year) 1951 (Hour) 2 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? While swimming from a boat was taken with cramps in legs & abdomen

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean Md (Degree or title) ADDRESS Great Mills Md DATE SIGNED July 23/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF July 26 1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince George's Co (State) Md
DATE REC'D BY LOCAL REG. July 20/51
REGISTRAR'S SIGNATURE P J Bean Md Local registrar
24. FUNERAL DIRECTOR S. H. Hines Co ADDRESS 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07349

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harrison (Middle) P (Last) Graves

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb 25 1886
9. AGE last birthday 65 yrs. If under 1 year Months. 7 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman at store
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Graves
14. MOTHER'S MAIDEN NAME Mollie Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Rose Muthall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of Heart

591X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis & contraction of aortic valves

132 (c) Tubular nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1951, to July 3, 1951, that I last saw the deceased alive on July 2nd, 1951, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Francis F. Greenwell Leonardtown Leonardtown St Marys Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 5 1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 7/4/51
REGISTRAR'S SIGNATURE Cornelius
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07350

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 4 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Madeleine (Last) Guy

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 4 1890
9. AGE last birthday 61 yrs. If under 1 year Months 13 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Teller
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME B. Harris Camalier
14. MOTHER'S MAIDEN NAME Ellen Rebecca Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 520-59-9711
17. INFORMANT AND ADDRESS Frank Guy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

330X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown, Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14 1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown St Mary's (State) Md

DATE REC'D BY LOCAL REG. 7/13/51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS 305 716 Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 07351

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; MARYLAND; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina; COUNTY Dare; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avon; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) Williams (Last) Hooper

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-8-1928

9. AGE last birthday: 23 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Williams

14. MOTHER'S MAIDEN NAME: Ianta O'Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Carson M. Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage (left frontal lobe) — Interval between onset and death: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. J. Bean (Degree or title) MD ADDRESS Point Mills, Md DATE SIGNED July 23, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF 7-23-51; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Manteo - North Carolina.

DATE REC'D BY LOCAL REG. July 23/51; REGISTRAR'S SIGNATURE J. J. Bean MD Local Registrar

24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md ADDRESS

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 07352

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ryall; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION, OR STREET ADDRESS Hollywood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveravilly PO Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Andrew	Johnson	July	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Nov 5 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland St Marys Co.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hillary Johnson	Maria Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		J. Norma Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of Heart, Chronic

433.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95a (c) Hemiplegia in 1931

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis Russwell		Leonardtown Md	July 7-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9-1951	St Joseph cemetery	Morganza St Mary's Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 7/51		Jos C. Mattingley	Leonardtown Maryland

RECEIVED
JUL 11 1951
BUREAU V. ■

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6407353

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS, PAT. RIVER MD.
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4018 Greenspring Avenue

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (None) (Last) Kaminkow
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1951
5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-11-16
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) 1943-1946 1950-1951
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS U. S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) INJURIES, Multiple, extreme #8651 — D.O.A.

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (In automobile accident at Hollywood, Md.)

170 C (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route #235
(CITY OR TOWN) Hollywood (COUNTY) St. Mary's (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 2 - 51 645A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that ~~I attended the deceased from ... 19 ... to ... 19 ... that I last saw the deceased alive on ... and that~~ death occurred at 0705 m., from the causes and on the date stated above.

SIGNATURE Thenton D. Boaz (Degree or title) ADDRESS DATE SIGNED

Thenton D. BOAZ CAPTAIN MC USN U. S. NAVAL AIR STATION, PATUXENT RIVER, MD. 7-2-51

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF 7-3-51
NAME OF CEMETERY OR CREMATORY Young Mens Hebrew Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/3/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. Robinson ADDRESS Leonardtown Md.

673916

VS. A15

RECEIVED
JUL 5 1951
BUREAU V. S

ITEM 3: Film G145 8/21/51 L

07354

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dameron
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 203 Ascot Place N.E.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Francis (Last) Keelan
FRANKLIN

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 29-1917
9. AGE last birthday 33 yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Laundry
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Clarks Burg West Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis A. Keelan
14. MOTHER'S MAIDEN NAME Emma, Bodkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Army
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. Donald Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St Jerome Creek (CITY OR TOWN) Van Dameron (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) July (Day) 22, (Year) 1951 (Hour) 2 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Went overboard to help rescue drowning person

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) P J Dean MD
ADDRESS Great Mills Md
DATE SIGNED July 23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 26-1951
NAME OF CEMETERY OR CREMATORY Arlington VA Nat
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. July 23/51
REGISTRAR'S SIGNATURE P J Dean MD Local registrar
24. FUNERAL DIRECTOR S H. Hines Co
ADDRESS 643 846

2901 - 14th St N.W. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1951
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07355

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS Pax Riv, Md.
LENGTH OF STAY (in this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS Pax Riv, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 17 Banks Place

3. NAME OF DECEASED (Type or Print): (First) Darlene (Middle) Joyce (Last) LACEY

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 51

5. SEX: Female

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 14, 1949

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Joseph Francis Lacey

14. MOTHER'S MAIDEN NAME: Mildred Rose Ching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningo-encephalitis, organisms unknown — 12 hours

340.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

81a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1200 7-2 1951., to 7:22 7-2, 19.51., that I last saw the deceased alive on 7-2, 19.51., and that death occurred at 7:22 p m., from the causes and on the date stated above.

SIGNATURE: Thenton D. Boaz (Degree or title) CAPT MC USN ADDRESS USNAS Patuxent River, Maryland DATE SIGNED 3 July 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 3-1951 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Bush Wood St Mary's Md

DATE REC'D BY LOCAL REG. 7/3/51 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Jos E. Mattingley Leonardtown Md — ADDRESS

RECEIVED
JUL 5 1951
BUREAU V. S.

Item 9 FilmG133 7/9/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

07356

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) William (Last) Miedzinski
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 14, 1935
9. AGE last birthday: 15 yrs. | If under 1 year: Months 11 Days 17 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer for father
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph M. Miedzinski
14. MOTHER'S MAIDEN NAME: Mary Eva Copsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mary Eva Miedzinski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Compound fracture of Skull	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

819.5
170 e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 5 | (CITY OR TOWN) Dahlia | (COUNTY) St. Mary's | (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 30 (Year) 51 (Hour) 10:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto hit rail & Deceased was thrown out

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Leitch Park Md. 7/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 5-1951 | NAME OF CEMETERY OR CREMATORY St Johnson | LOCATION (City, town, or county) Holly Wood (State) Md
DATE REC'D BY LOCAL REG. 7/3/51 | REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

100 105

RECEIVED
JUL 5 1951
BUREAU V. S.

07357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 4 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Pearl (Last) Nuthall
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 9-1889
9. AGE last birthday 62 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY for self
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Nuthall
14. MOTHER'S MAIDEN NAME Sophia Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Susie Mae Nuthall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

331x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1951, to 7/24, 1951, that I last saw the deceased alive on 7/24, 1951, and that death occurred at 11.31 P.m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Leonardtown Md DATE SIGNED 7/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 27 1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Maryland

DATE REC'D BY LOCAL REG. 7/25/51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07358

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
LENGTH OF STAY (In this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbury
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) — (Last) Stanley

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 2-4-1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting

10b. KIND OF BUSINESS OR INDUSTRY: Paint Contractor

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Stanley

14. MOTHER'S MAIDEN NAME: Tepmerance Worton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Corvation Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occulsion — Interval between onset and death: ½ hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

94a (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P J Beam (Degree or title) MD ADDRESS: Great Mills Md DATE SIGNED: July 10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 7-11-51 — NAME OF CEMETERY OR CREMATORY: Evergreen, Cem. — LOCATION (City, town, or county) (State): Elizabeth - New Jersey.

DATE REC'D BY LOCAL REG. July 10 51 — REGISTRAR'S SIGNATURE: P J Beam MD

24. FUNERAL DIRECTOR: H B Robinson — ADDRESS: Leonardtown, Md.

564246

RECEIVED
JUL 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07359

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ST. Marys — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonard Town
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ST. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ST. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dameron [RURAL]
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Caroline (Last) Trossback

4. DATE OF DEATH: (Month) 7 - (Day) 11 - (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-15-1909

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: William E. Norris

14. MOTHER'S MAIDEN NAME: Annie Unkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Louis T. Trossback. - Dameron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Carcinomatosis secondary

46 f

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to carcinoma gall bladder — Interval Between Onset and Death: 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Roy Gunther, MD (Degree or title) ADDRESS: Mechanicsville DATE SIGNED: 7/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-13-51

NAME OF CEMETERY OR CREMATORY: St. Michaels Cem.

LOCATION (City, town, or county) (State): Ridge, Md.

DATE REC'D BY LOCAL REG. 7-12-51

REGISTRAR'S SIGNATURE: Canalier

24. FUNERAL DIRECTOR: H.E. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
JUL 17 1951
BUREAU V. S.

07360

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (In this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Jo (Last) Waymire

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH June 25-1951

9. AGE last birthday — yrs. If under 1 year Months 1 Days 35 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Waymire

14. MOTHER'S MAIDEN NAME Jeanette Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Walter Waymire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhagic pneumonitis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

493X
109

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills, Md DATE SIGNED July 30 1951

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE THEREOF Aug 2-1951

NAME OF CEMETERY OR CREMATORY Perne Cemetery

LOCATION (City, town, or county) Perne (State) Indiana

DATE REC'D BY LOCAL REG. July 30/51

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

206251273404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1951
BUREAU V. S.

07361

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LeonardTown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLand COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) ALOYSIUS (Last) WoodLand
4. DATE OF DEATH (Month) 7- (Day) 21- (Year) 1951
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12-17-1926
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Francis D. WoodLand
14. MOTHER'S MAIDEN NAME Annie V. Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 577-30-8835
17. INFORMANT Agnes A. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra abdominal hemorrhage	1½ hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun shot wound in left side of abdomen	1½ hours.
	(c)	

981,6
166

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern
(CITY OR TOWN) Leonardtown (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 21, 1951 10.30 PM m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gunshot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED July 22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-24-51
NAME OF CEMETERY OR CREMATORY ST. FRANCIS Cem.
LOCATION (City, town, or county) Compton, Md. (State)
DATE REC'D BY LOCAL REG. July 22, 1951
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR C B Robinson - Leonardtown, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1951
BUREAU V. S